

RECEIVED

FEB 23 2011

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

Licensing & Certification
East Bay District Office

Accepted
2/23/11
[Signature]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Inlake Number: CA00231608 - Substantiated</p> <p>Representing the Department of Public Health: [Redacted], HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.1(c): For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.</p> <p>T22 DIV5 CH1 ART3-70213(d) Nursing Service Policies and Procedures. (d) Policies and procedures that require consistency and continuity in patient care, incorporating the nursing process and the medical treatment plan, shall be developed and implemented in cooperation with the medical staff.</p> <p>Immediate Jeopardy was identified on 6/14/10 at 4:30 p.m. and a plan of correction was requested and obtained before exiting. In addition, the facility was notified that the entity reported adverse event may result in an administrative penalty.</p>		<p>CA 00231608</p> <p>A. How the correction will be accomplished both temporarily and permanently:</p> <p>1. Log developed on 6/14/10 to include:</p> <ul style="list-style-type: none"> a) Projected time patient scheduled for procedure b) Documentation of actual time patient leaves floor for procedure (RN to call telemetry technician when patient leaves floor immediately and RN to call telemetry tech when patient returns to floor per revised policy.) c) Documentation of actual time patient returns from procedure d) Hourly assessment of rhythm and status (on floor or off floor) See Telemetry Monitoring policy page 3 #2 under "Documentation and Record". 	
--	---	--	--	--

Event ID: PJC611	1/12/2011	3:33:35PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>C. Rapoport</i>	TITLE <i>CEO</i>	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060623	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, the hospital failed to implement policy and procedures for continuous cardiac monitoring for Patient 1 as ordered by the admitting physician.</p> <p>Patient 1 was not provided cardiac monitoring for potentially fatal dysrhythmias (abnormal heart rhythms) for more than 40 minutes. This failure resulted in delay in cardiopulmonary resuscitation when he was found unresponsive and in cardiac arrest. Patient 1 suffered irreversible anoxic brain injury (injury caused by lack of oxygen) and died less than three days later when ■ was removed from life support.</p> <p>THIS EVENT CONSTITUTED AN IMMEDIATE JEOPARDY (IJ) WHICH PLACED THE LIFE AND SAFETY OF PATIENT 1 AT RISK WHEN THE FACILITY STAFF FAILED TO IMPLEMENT POLICY AND PROCEDURES FOR CONTINUOUS CARDIAC MONITORING FOR PATIENT 1, RESULTING IN PATIENT 1 SUFFERING CARDIAC ARREST OF UNKNOWN DURATION PRIOR TO DISCOVERY, AND SUBSEQUENT DELAY OF APPROPRIATE CARDIOPULMONARY RESUSCITATION MEASURES. THUS, THIS VIOLATION CAUSED OR WAS LIKELY TO CAUSE SERIOUS INJURY OR DEATH TO THE PATIENT.</p> <p>Findings:</p>		<p>e) When handing off to the next telemetry technician, validate the patients who are on telemetry and who are off for procedures and their projected return time.</p> <p>f) Comments for better communication</p> <p>g) Signatures for accountability</p> <p>h) Time fields to documenting telemetry technician responsibility window making it clear who was watching the monitor at what times.</p>	

Event ID: PJC611

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 2</p> <p>On 6/9/10 review of Patient 1's medical record showed that on [REDACTED]/10 [REDACTED] was seen in the emergency department for low blood pressure and sepsis (blood infection). [REDACTED] medical history included kidney and heart disease. While in the emergency department an electrocardiogram (EKG or ECG) was performed on [REDACTED]/10 at 8:32 p.m. and was labeled "Abnormal ECG" and showed Patient 1 had atrial fibrillation (abnormal cardiac rhythm of the upper chambers of the heart, usually resulting in an irregular rhythm and lower output by the heart).</p> <p>On [REDACTED] 10 at 11:30 p.m., the admitting hospitalist (Physician A) wrote "General Admission Orders" to admit Patient 1 to the hospital. Physician A checked "Telemetry" as the level of care Patient 1 should receive. Telemetry involves using an electronic device in a nursing unit providing continuous cardiac monitoring (EKG/ECG) to patients. A central monitoring station receives transmitted signals from the telemetry device that allows staff to view and monitor heart rhythms. Electrodes attached to the patient's chest area are connected to a battery-operated telemetry transmitter placed in a pouch worn by the patient. Staff caring for the patient cannot view the patient's heart rhythm while at or near the bedside. The patient's cardiac rhythm waveform appears on the central monitor screen located outside the patient's room. Auditory and visual alarms signifying heart</p>		<p>2. Developed competency for nursing staff regarding the use of monitoring equipment through annual competency and evaluation at the time of each individual's yearly evaluation. This includes a physical demonstration and is required of all nursing staff which is validated by a qualified Supervisor who has been deemed competent (already demonstrated competency by Manager, Assistant Manager or Educator). Physical demonstration includes admission, transfer, discharge, alarm setting, standby mode, history review, alarm review and saved data. This took place for 100% (145/145) of staff and is ongoing as an annual competency at the time of the individual's yearly evaluation.</p>		

Event ID:PJC611

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94609 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
	<p>Continued From page 3</p> <p>rhythm abnormalities originate at the central monitoring station, commonly located in the hallway or nursing station.</p> <p>On [REDACTED]/10, at approximately 2:30 p.m., Patient 1 was transferred to the telemetry nursing unit. The nurse assuming care (RN A) documented in "Nurses Notes" on [REDACTED]10 at 2:45 p.m., that Patient 1 was alert and oriented times two, [usually to name and date, or place] and was placed on telemetry cardiac monitoring. At 6:20 p.m., RN A documented "Patient tolerated feeding well. No N/V [nausea or vomiting]. No S/S [signs or symptoms] of aspiration." There was no nursing documentation verifying whether Patient 1's cardiac rhythm was or was not monitored on the telemetry unit during that time period.</p> <p>On [REDACTED]10 at 6:44 p.m., 24 minutes later, RN A documented in Nurses Notes "Pt. [patient] found unresponsive, not breathing. Asystole [a life-threatening cardiac condition with no electrical or heart pumping activity] on tele [telemetry], no pulse. Code blue started." Code blue is a term used to quickly summon a cardiopulmonary resuscitation team to resuscitate a patient who is in cardiac arrest (cessation of cardiac output and circulation) and/or respiratory arrest (cessation of breathing).</p> <p>Review of the "Cardiopulmonary Arrest Flow Sheet" showed the code was started on [REDACTED]10 at 6:44 p.m. The code recorder</p>		<p>3. Immediate education provided to staff utilizing the developed log and developed competency. (see attachment s 1 and 3) As of 6/14/2010, before beginning their shift, staff reviewed and verbalized understanding of the new log and process and competency was completed. This was accomplished by the Manager of the Department and the Education Department by tracking staff as they came in for their shifts for the first time following g 6/14/2010 including staff on vacation or medical leave.</p>	

Event ID:PJC611

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 4</p> <p>documented that Patient 1's cardiac arrest was not witnessed, that [redacted] was not breathing, and [redacted] cardiac rhythm after placement on the cardiac monitor was "PEA" (electrical heart activity with no pulse). The code recorder documented the code team was able to obtain a pulse and Patient 1 was placed on dopamine and levophed IV (powerful cardiac stimulating drugs given Intravenously). At 7:33 p.m., Patient 1 became pulseless, and [redacted] cardiac rhythm showed ventricular tachycardia (an abnormal rapid heart rate that can deteriorate quickly into life threatening cardiac rhythms). [redacted] was defibrillated by an electric shock (delivered to the heart to terminate ventricular tachycardia in attempt to restore a normal cardiac rhythm) and then was transferred to the ICU (Intensive Care Unit) at 7:48 p.m. RN B assumed care for Patient 1 in the ICU and entered on the ICU flow sheet at 8:10 p.m., "Pt. [patient] received from 3rd floor s/p (status post) code blue. Pt. with pupils fixed and dilated [a sign of severe brain injury]."</p> <p>Review of the consultant cardiologist's signed report for Patient 1, dated 5/26/10 and dictated 8:16 p.m., showed, "Currently on physical exam, the patient is unresponsive, intubated. The pupils are dilated and fixed. The patient is unresponsive." The cardiologist further documented "The patient has likely to have suffered CNS anoxia (no oxygen to the brain, resulting in irreversible brain damage) in view of his papillary (pupils) findings."</p>		<p>4. Orientation of nursing staff (145 RN's, LVN's, and Telemetry Technician's) updated to include use of monitoring equipment on admission. Orientation is documented on the orientation checklist for RN's, LVN's and telemetry technicians. This orientation includes admission, transfer, discharge, alarm setting, standby mode, history review, alarm review and saved data. Revision of orientation checklist was accomplished by 1500 6/15/2010.</p>	6/15/10

Event ID:PJC611

1/12/2011

3:33:36PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 5</p> <p>Review of the "Death Summary", dictated on [redacted] 10 at 3:37 p.m., showed Patient 1's family was informed of the poor prognosis. Life support was withdrawn and the patient expired on [redacted] 10 at 12:26 p.m.</p> <p>On 6/9/10 at 11:28 a.m. the manager of the ICU/Telemetry units reviewed Patient 1's cardiac monitoring strips from the admission to the telemetry unit on 5/26/10. Review of the cardiac monitoring strips showed no recording of Patient 1's heart rhythm for approximately 44 minutes. The ICU/Telemetry manager stated the monitor was on standby, meaning Patient 1's cardiac rhythm was not being monitored. The ICU/Telemetry manager stated that nursing staff at the central monitor station could place a telemetry patient in standby mode. She further stated that patients on telemetry were not to be placed on monitor standby unless ordered by the physician. The manager stated staff could not have accidentally placed Patient 1 on monitor standby as it required two or three steps to inactivate the cardiac monitoring.</p> <p>On 6/9/10 at 11:55 p.m., the Telemetry Assistant Manager was interviewed. She stated nurses would not be aware patients were on standby unless the telemetry technician notified them. Telemetry Assistant Manager further stated that when Patient 1 was found unresponsive, "They [nurses] went back to the central station to see what rhythm the patient had been having. That's when they found the</p>		<p>5. Policy and procedure "Telemetry Monitoring of Patient on Medical Telemetry Units" revision includes use log for documentation of hourly assessment of rhythm. Specific guidelines added to the policy and procedure which identify specific criteria for being placed in the standby mode which includes who notifies the technician when patient leaves and returns to unit and for a documented projected return time. The revised policy/procedure includes instructions to follow if the patient does not return by the projected time. The telemetry technician is instructed to contact the assigned nurse to determine the location and status of the patient. Draft of revisions completed 6/15/10. Revised policy/procedure reviewed and preliminary approval by Medical Director of Critical Care/Telemetry Units on 6/15/10. Implemented 6/15/10 and brought through formal medical staff committee approval process. This policy was approved by the Board of Trustees on 10/6/10. Copy enclosed.</p>	10/6/10	

Event ID:PJC611

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 6</p> <p>monitor was on standby."</p> <p>Telemetry Technician D stated in interview on 6/9/10 at 4:00 p.m. that the telemetry unit was very busy when she returned from her break on 5/26/10 at 5:50 p.m., that Patient 1 was on standby, and she assumed he was off the unit for a procedure. Telemetry Technician D stated she did not ask other staff to confirm that Patient 1 was off the unit. The ICU manager stated after the interview, "I would expect them to know why and for how long a patient was on standby."</p> <p>The following hospital policy and the telemetry manufacturer's instructions for use were reviewed on 6/14/10 and showed:</p> <p>Telemetry Monitoring of Patient on Medical Telemetry Units (2nd Floor) and Medical Telemetry Unit (3rd Floor) indicated the purpose was "To provide continued ECG monitoring of patients on the medical Telemetry Unit on the 2nd floor and the Medical Telemetry Unit on the 3rd floor. To detect, evaluate and document abnormalities in the cardiac rhythm." The Policy instructed, "In the event of critical dysrhythmias and/or circulatory instability, the patient will be treated per hospital policy for cardiopulmonary arrest (code blue)." The policy further showed "Interruption of Telemetry Monitoring: Interruption of telemetry monitoring for any reason requires a physician's order: e.g. 'May go unmonitored for diagnostic tests' or 'May</p>		<p>B. The title or position of the person responsible for the correction:</p> <ol style="list-style-type: none"> 1. Karen Denham, Director of ICU and Telemetry, Pat Johnson, Educator, Dori Stevens, CNE <p>C. A description of monitoring process to prevent the recurrence of the deficiency: The Manager of the Department monitors telemetry logs every two weeks to ensure completion and accuracy and randomly when rounding on units.</p> <p>D. Dates corrective action will be accomplished. Date of Exit conference: June 14, 2010. Actions were completed as noted above and are all complete at the time of this response.</p> <p>See attachments:</p> <ol style="list-style-type: none"> 1. Telemetry log –Day shift example(each shift has its own log) 2. Approved revised policy titled "Telemetry Monitoring" 3. Annual Competency 4. Revised new hire checklist for orientation 		

Event ID:PJC611

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 7 shower."</p> <p>Review of the manufacturer's operating instructions for the Phillips Telemetry System being used in the Telemetry Unit indicated Standby Mode was to be used "When a patient is temporarily off the unit or out of antenna range. Standby suspends monitoring, and you won't get any waveforms or alarms." The instructions showed, "Warning. If you put telemetry in Standby mode, you must remember to turn monitoring back on when the patient returns to the unit."</p> <p>On 6/14/10 at 8:42 a.m. Telemetry Technician E, explained that red alarms were fixed in the system and could not be altered. The red alarms included Asystole, Extreme Bradycardia, Extreme Tachycardia, Ventricular Fibrillation (severe abnormal cardiac rhythms) and were visual and audio alarms that would have alerted staff that Patient 1 was experiencing severe abnormal cardiac rhythms.</p> <p>On 6/14/10 at 9:50 a.m., RN A was interviewed and said she assumed care for Patient 1 when [redacted] was transferred to the Telemetry Unit on [redacted]/10. RN A stated she went to the telemetry monitor to check Patient 1's heart rhythm. She asked Physician C, a hospitalist, to look at Patient 1's rhythm because it looked like an odd rhythm. RN A stated Physician C told her to keep Patient 1 monitored and to notify her of any abnormal cardiac rhythms. RN A said that when a patient is taken off telemetry monitoring</p>			

Event ID: PJC811	1/12/2011	3:33:35PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 8</p> <p>at the central station, there was no way for nurses providing direct patient care to readily know that the telemetry was off or placed on standby.</p> <p>On 6/14/10 at 12:07 p.m., Physician B, a hospitalist present near the end of the first code and who directed the second code stated, "If I ordered tele [telemetry], the patients would be on tele and if there was any abnormality, the staff should call us." He was informed Patient 1 had not been monitored for over 40 minutes prior to the first code, and it was unknown exactly when he developed a life threatening cardiac dysrhythmia and became unresponsive.</p> <p>On 6/30/10 at 7:55 a.m., a telephone interview was conducted with Physician A. She stated she ordered telemetry for Patient 1 as she felt [redacted] was at risk for developing cardiac abnormalities because of his medical condition on admission. She was asked what her expectations of staff were when she wrote orders for Patient 1 to be monitored. She stated, "When I wrote the orders, I expected them to be done."</p> <p>Physician A stated she was not informed that Patient 1 had been placed on cardiac monitor standby, was found unresponsive, and that the length of time [redacted] was unresponsive was unknown. She was informed that the last time any staff member documented seeing Patient 1 was 24 minutes before [redacted] was discovered</p>			

Event ID:PJC811

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2010
NAME OF PROVIDER OR SUPPLIER SUTTER DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3901 LONE TREE WAY, ANTIOCH, CA 94509 CONTRA COSTA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 9</p> <p>unresponsive. Physician A confirmed the longer the delay in initiating CPR, the less chance for successful resuscitation and stated, "A five minute delay would result in central brain injury."</p> <p>According to a 2004 report by the American Heart Association (AHA) appearing in the journal Circulation (2004;110:3385-3397), "The 2 most important intervals affecting patient survival are the collapse-to-first CPR attempt interval and collapse-to-first defibrillatory shock interval. Outcome after cardiac arrest and cardiopulmonary resuscitation is dependent on critical interventions, particularly early defibrillation, effective chest compressions, and advanced life support. Patients whose cardiac arrests are not witnessed have markedly reduced chances of successful resuscitation."</p> <p>This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.1(c).</p>				

Event ID:PJC611

1/12/2011

3:33:35PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.